

Society Reports.

AMERICAN NEUROLOGICAL ASSOCIATION.

Dr. WHARTON SINKLER, Pres.; Dr. G. M. HAMMOND, Sec.

*Seventeenth Annual Meeting, held at Washington, D. C.,
September 22, 23, and 24, 1891.*

THE PRESIDENT'S ADDRESS.

GENTLEMEN:—I feel deeply sensible of the honor you have conferred upon me in electing me your President for this year. Why such an unworthy member as myself should have been chosen, I am at a loss to understand, and I can only regard it as an evidence of the great good nature of the members of this association.

I well remember my first introduction to the association; it was in its early years, and its membership was small compared with what it is now; but the members were full of interest and enthusiasm, and it is due to their efforts that the association is what it now is. It was a great pleasure to come in contact with and see face to face, men whose names were classical in connection with neurology. Hammond was president, and Seguin, whose untiring interest did so much to promote the growth of the association, was secretary; Beard, Jewell and McBride, who have since "gone over to the majority," impressed me strongly by their individuality. Jewell was our first president and filled the office for four years. Amidon, an early worker in brain topography, was there, and so was Birdsall, Dana, Edes, Gray, Gibney, G. M. Hammond, Miles, Mills, Ott, Putnam, Rockwell and Spitzka, who are still active and invaluable members.

It is interesting to recall the fact that this association was one of the earliest of the National Associations of Specialists; I believe it was the third organized; and it was one of the first to favor the formation of the Congress of American Physicians and Surgeons of which we are now a part, which has been instrumental in increasing the importance of the societies composing it, and in promoting the growth of scientific medicine in this country.

The meeting of the Congress three years ago was a great success, and the paper of one of our members, was a leading feature in its proceedings. The prospects for this

year are that the meeting will be equally important and it has attracted a large number of scientific men from all parts of the world.

It is gratifying to note the growth of the society and the more national character which it has assumed of late years. On looking over the list of members one is struck by the fact that they are from all parts of the country. The association was organized in 1875 with seventeen members and in 1881 there were twenty-eight. This year there are seventy, and the council has recommended the election of nine new members whose papers have been handed in. This will make a membership of seventy-nine, only twenty-one less than the limit fixed by our constitution. In view of this fact we should continue to be careful to elect to membership only those who are eminent in neurology and thus keep up our high standard.

I would suggest that in future we make an effort to obtain each year papers from some of the foreign associate or honorary members and thus add to the interest of our meetings.

During the past year we have lost by death one of our members, Dr. James Kingsley Thacher, Professor of Physiology in the medical department of Yale University. He died April 20, 1891. He was a man of high scientific attainments and a deep student.

The year has been an active one as regards the scientific and literary work of our fellows. It has occurred to me that it would be of interest to collect the papers and other scientific communications relating to neurology, published by the members of the association during the past year. I have found the list so much longer than I expected, that I will not tax your patience by reading it all; but as far as I have been able to gather the data, there have been 159 papers and 14 books and pamphlets published by members, during the year. Below will be found a complete list:

DR. SAMUEL AYRES.—Address in Mental Disorders. (Transactions of the Medical Society of the State of Pennsylvania. Medical News, June, 1891.) Gastro-intestinal and Hepatic Disorders, especially Chronic Gastro-intestinal Catarrh in relation to the Etiology of some cases of Insanity. (Medical News, July 4, 1891.)

DR. LUCIUS W. BAKER.—The Care of Epileptics, (Boston Medical and Surgical Journal).—Dipsomania. (Boston Medical and Surgical Journal Sept. 17, 1891).

DR. H. M. BANNISTER.—A Case of Focal Hæmorrhagic Lesion of the Peduncle (Anterior Cerebellar Peduncle). (The Journal of Nervous and Mental Disease, Sept., 1890).—Medical Treatment of Insanity. (Hare's System of Therapeutics, in press).—Various abstracts, reviews and translations for Dr. McBride's Review, The Journal of Insanity.

DR. W. R. BIRDSALL.—Diseases of the Spinal Cord. (Annual of the Universal Medical Sciences, vol. ii., 1891).—Inebriety, Morphinism and Kindred Diseases. (Annual of the Universal Medical Sciences, vol. iv., 1891).

DR. J. ARTHUR BOOTH.—Two Cases of Tumor of the Cerebellum. (The Journal of Nervous and Mental Disease, Oct., 1890).

DR. N. E. BRILL.—A Case of Pseudo-hypertrophic Paralysis Complicated by a Fracture of the Lamina of the Fifth Cervical Vertebra; a Contribution to the Physiology of the Spinal Cord. (New York Medical Journal, 1890-91, lii., p. 283).

DR. CHAS. HENRY BROWN.—Two Cases of Friedreich's Disease. (The Journal of Nervous and Mental Disease, Oct., 1890).—A New Electropion. (The Journal of Nervous and Mental Disease, Nov., 1890).

DR. E. N. BRUSH.—Idiocy and Imbecility. (Keating's Cyclopædia of the Diseases of Children, vol. iv.).—Mental Diseases. (Sajous' Annual of the Universal Medical Sciences, vol. ii., 1891).

DR. WILLIAM N. BULLARD.—Cerebellar Tumor: Operation; Hæmorrhage from Defect of Occipital Bone; Death; General Remarks. (Published in conjunction with Dr. E. H. Bradford in Boston Medical and Surgical Journal, April 30, 1891).—Diffuse Cortical Sclerosis of the Brain in Children. (The Journal of Nervous and Mental Disease, Nov., 1890).—Provision for the Care of Adult Pauper Epileptics in Massachusetts. (Boston Medical and Surgical Journal, 1891; cxxiv., p. 25).

DR. CHARLES L. DANA.—The Pathological Anatomy of Tic Douloureux. (Medical News, May 16, 1891).—On the Diagnosis of Intra-cranial Hæmorrhage and Acute Softening, based on a study of 74 cases with autopsies. (Medical Record, July 25, 1891).—The Degenerative Diseases of the Spinal Cord, with the Description of a new Type. (The Journal of Nervous and Mental Disease, April, 1891).—The Reality of Rabies. (Medical Record, January 3, 1891).—Hereditary Ataxia and Locomotor Ataxia. (Keating's Cyclopædia of Diseases of Children).—Anæsthesias of Hysteria. (American Journal of Medical Sciences, Oct., 1890).—Neurasthenia. (Post-Graduate, 1890-91, vi., p. 26).—Progressive Senile Paraplegia: A contribution to the study of non-inflammatory softening of the cord. (The Journal of Nervous and Mental Disease, Sept., 1890).

DR. F. X. DERCUM.—Two Cases Illustrating Sunstroke Sequelæ of Unusual Character. (University Medical Magazine, 1890-91, vol. iii., p. 160).—Headache, its Varieties. (University Medical Magazine, 1890-91, iii., p. 393).—Tremor Simulating Multiple Cerebro-spinal Sclerosis, but without Coarse Central Lesion. (Philadelphia Hospital Reports, vol. i., 1890).—Tetanus. (Keating's Cyclopædia of Diseases of Children, vol. iv.).—The Back in Railway Spine. (American Journal of Medical Sciences, September, 1891).—An account of a Case of Tumor of the Cerebellum complicated by Dropsy of the Ventricles. Exploratory Operation, tapping of the Ventricles. Death on the fifth day. (Philadelphia Hospital Reports, vol. i., 1890, conjointly with Dr. W. Joseph Hearn).—Tumor of the Thalamus, more especially of the Pulvinar, presenting Wernicke's Pupil Reaction. (The Journal of Nervous and Mental Disease, Aug., 1890).

DR. ROBERT T. EDES.—The Status Epilepticus. (Virginia Medical Monthly, 1891-92, vol. xviii., April, 1891, p. 1).

DR. J. T. ESKRIDGE.—Some Points in the Diagnosis of Certain Simulated Mental and Nervous Disease. (New York Medical Journal, July 26, 1890).—Nervous and Mental Diseases Observed in Colorado. (New York Medical Journal, October 25, 1890).—Hypnotism. (New York Medical Journal, August 1, 1891).—Chorea in Relation to Climate, Especially the Climate of Colorado. (The Climatologist, August, 1891).—Acute Myelitis Preceded by Acute Optic Neuritis. (The Journal of Nervous and Mental Disease, Sept., 1890).

DR. E. D. FISHER.—Cerebral Compression. (Medical Record).—Epileptic Insanity: Its Etiology, Course and Treatment, based on 100 cases. (To

be published in Medical News).—Syphilis of the Nervous System. (The Journal of Nervous and Mental Disease, Jan., 1890).

DR. V. P. GIBNEY.—A Contribution to the Therapeutics of Spastic Paralysis. (The Journal of Nervous and Mental Disease, Aug., 1890).

DR. L. C. GRAY.—Vertigo. (Virginia Medical Journal, October, 1890).—A Case of Cerebral Tumor causing Paralysis of Muscular Sense and located in the Ascending Parietal Convolution. (Transactions of the New York State Medical Society, 1891).—Cerebral Palsies and Suppurative Meningitis and Epilepsy. (Keating's Cyclopædia of Diseases of Children, vol. iv.).—Different Types of Paralysis in Young Children. (International Clinics, April, 1891).—Amyotrophic Lateral Sclerosis. (Rev. Insane and Nerv. Dis., 1890-91, i., p. 3).

DR. G. M. HAMMOND.—Changes and Additions to the Ninth Edition of Hammond's Diseases of the Nervous System.—The Rational Treatment of Sciatica. (The Journal of Nervous and Mental Disease, April, 1891).—Atasia-Abasia, with the Presentation of a Case. (Medical Record, 1891, xxxix., p. 261).—Sulfonal in Affections of the Nervous System. (Journal of Nervous and Mental Disease, 1891, xviii., p. 440).

DR. H. A. HARE.—Practical Therapeutics. (Lea Bros. & Co., First and Second Editions).—Epilepsy, its Pathology and Treatment. (F. A. Davis, Belgian Prize Essay).—Fever, its Pathology and Treatment. (F. A. Davis, Boylston Prize Essay).

DR. C. A. HERTER.—Clinical and Pathological Observations on Cases of Injury to the Cervical Spinal Cord. (Journal of Nervous and Mental Disease, July, 1891).—Notes on a Case of Injury to the Cauda Equina and Medullaris. (New York Medical Journal, Aug. 22, 1891).—A Contribution to the Pathology of Solitary Tubercle of the Spinal Cord. (The Journal of Nervous and Mental Disease, Oct., 1890).

DR. C. H. HUGHES.—Notes on the Virile Reflex. (Alienist and Neurologist, Jan., 1891).—The Psychopathic Sequences of Hereditary Alcoholic Entailment. (Alienist and Neurologist, xi., p. 544, 1890, also Journal Am. Med. Asso., 1891, xvi., p. 9).—Note on Extra-neural Nervous Disease. (Jr. Med. Asso., Missouri, 1890, xxxiii., p. 227).—Psychical or Physical. (The Alienist and Neurologist, April, 1891).—Notes on the Facial Expression of Cerebral (Multiple Cerebro-Spinal) Sclerosis. (Alienist and Neurologist, 1890, xi., p. 411).

DR. HENRY HUN.—Two Cases of Traumatic Hysteria. (Transactions Medical Society State of New York for 1891, and Medical News, April 11, 1891).—The Pathology of Acute Ascending (Landry's) Paralysis. (New York Medical Journal, May 30, 1891).—The Outlines of Insanity: A course of four lectures. (Albany Medical Annals, July, Aug., Sept. and Oct., 1891).

DR. DAVID INGLIS.—Case of Locomotor Ataxy with Disorganization of both Knee-joints. (Jr. Mich. Med. Soc., 1890, p. 189).

DR. GEORGE W. JACOBY.—A Contribution to the Diagnosis of Raynaud's Disease (Symmetrical Gangrene). (New York Medical Journal, Feb. 7, 1891).—Acute Transitory Blindness and Whooping Cough. (New York Medical Journal, p. 236, 1891).—Athetosis (Catalepsy) Thomsen's Disease. Keating's Cyclopædia of the Diseases of Children, vol. iv.).

DR. JOHN A. JEFFRIES.—Two Cases of Syringomyelia. (The Journal of Nervous and Mental Disease, Sept., 1890).

DR. PHILIPS COOMBS KNAPP.—The Pathology, Diagnosis and Treatment of Intra-cranial Growths. (Rockwell and Churchill, Publishers).—Peripheral Nervous Diseases, Muscular Dystrophies and General Neuroses. (Sajous' Annual of the Universal Medical Sciences, vol. ii., 1891).—On Methods of Examination in Medico-legal Cases Involving Suits for Damages for Real or Supposed Injuries to the Brain and Spinal Cord. (Tr. Mass. Med.-Leg. Soc., 1890, ii., p. 59).

DR. WM. C. KRAUSS.—Some Methods of Treating Nerve Tissues. (Proceedings American Microscopical Society, 1890).—Calcareous Degeneration of the Hypophysis (Pituitary Body). (Buffalo Medical and Surgical Journal, December, 1890).—Muscular Atrophies: A Clinico-pathological Study. (Buffalo Medical and Surgical Journal, April, 1891).—The People vs. Sadie McMullen. A Medico-legal Case. (The Journal of Nervous and Mental Disease, July, 1891).—The Hypnotic State of Hysteria. (The Journal of Nervous and Mental Disease, Aug., 1890).

DR. W. M. LESZYNSKY.—The Use of Atropine in the Treatment of Localized Muscular Spasm. (New York Medical Journal, March 14, 1891).—Some Practical Points in the Diagnosis of Tabes, and the Significance of Certain Symptoms. (New York Medical Record, April 11, 1891).

DR. MORRIS J. LEWIS.—Convulsions in Infancy and Childhood. (Keating's Cyclopædia of Diseases of Children).—Brachio-facial Monospasm, following probable Embolism with Consequent Degenerative Changes in Brain and localized Meningitis. Death from Apoplexy. (The Journal of Nervous and Mental Disease, Nov., 1890).—Severe Spasm Involving Muscles of the Neck Persisting after Repeated Surgical Procedures and Active Medical Treatment. (The Journal of Nervous and Mental Disease, Dec., 1890).

DR. JAS. HENDRIE LLOYD.—The Treatment of Goitre by Galvano-puncture with report of cases. (Trans. Col. of Phys. of Phila., 1890).—Acute Delirium; Probably an Infectious Process. (Med. News, January, 1891, lviii., p. 122).—Monomania. A Clinical Lecture. (Times and Register, May, 1891).—Hypnotism in the Insane. (Philadelphia Hospital Reports, vol. i., 1891).—General Paresis. A Clinical Lecture. (Medical and Surgical Reporter, September 12, 1891).

DR. HENRY M. LYMAN.—Chronic Meningo-encephalitis, Complicated with Lead Poisoning, Juvenile or Hereditary Ataxia. (International Clinics, vol. i., No. 2, 1891). Some of the Principal Varieties of Delusions met with among Insane Patients. (Medical News, May 9, 1891).

DR. JAMES H. MCBRIDE.—Report of Cases Illustrating Cerebral Localization. (The Journal of Nervous and Mental Disease, Aug., 1890).

DR. SARAH J. MCNUTT.—Structural Abnormalities of the Brain and Cord. (Keating's Cyclopædia of Diseases of Children).

DR. THOMAS J. MAYS.—The Nervous System in the Treatment of Pulmonary Consumption. (Transactions of Philadelphia County Medical Society, 1891).—Pulmonary Consumption; a Nervous Disease. (Published in Leisure Library Series by George S. Davis, Detroit, September, 1891).

DR. F. T. MILES.—Hydrocephalus; Dropsy of the Brain, Water on the Brain. (Keating's Cyclopædia of Diseases of Children, vol. iv.).—Facial Paralysis. Bell's Paralysis. (International Clinics, July, 1891).

DR. CHAS. K. MILLS.—Article on Hysteria. (Keating's Cyclopædia of Diseases of Children, vol. iv.).—Intra cranial Lesions. (Transactions of the New York Medical Association, vol. vii.).—Reports of Cases of Nerve Stretching, Nerve Ligaturing of Localized Lesions, etc. (Journal of Nervous and Mental Disease, December, 1890).—Probable Lesion of the Posterior Mediastinum. (Journal of Nervous and Mental Disease, xvii., p. 845-848, 1890). Cerebral Localization and Intra-cranial Surgery. (Practice, January, 1891, vol. v.).—Mytonia and Athetoid Spasm. (International Clinics, April, 1891).—Editor of Philadelphia Hospital Reports, vol. i., 1890, including the writing of Historical Memoranda and article on Unilateral Ophthalmoplegia.—Aphasia and other Affection of Speech in their Medico-legal Relations. (Review of Insanity and Nervous Disease, September, 1891).

DR. S. WEIR MITCHELL.—Sciatica: A Clinical Lecture. (International Clinics, April, 1891).—Unusual Cases of Chorea, Possibly Involving the Spinal Cord. (The Journal of Nervous and Mental Disease, July, 1890,

with Dr. C. W. Burr).—Permanent Headaches. (*International Clinics*, April, 1891).—Some Disorders of Sleep. (*Jr. Asso. Am. Phys.*, 1890, v., p. 108).

DR. RICHARD MOLLENHAUER.—On the Germ of a Communicable Disease Derived from a Dog, Alleged to have Died of Rabies, which Retains Rabies Characters. (*The Journal of Nervous and Mental Disease*, Sept., 1890).

DR. WILLIAM OSLER.—A Practice of Medicine: In press. (D. Appleton & Co.).—A Case of Sensory Aphasia: Word Blindness with Hemianopsia. (*American Journal of Medical Science*, 1891, ci., p. 219).—On the Form of Convulsif Tic Associated with Coprolalia, etc. (*Medical News*, lviii., p. 645, 1890).—A Neurological Fasciculus from the Johns-Hopkins Hospital.

DR. ISAAC OTT.—Vaso-tonic Centres in the Thalami. (*The Journal of Nervous and Mental Disease*, August, 1891).—The Function of the Tuber Cinereum. (*The Journal of Nervous and Mental Disease*).—The Inter-brain: Its Relation to Thermotaxis, Vaso-dilation and Convulsive Action. (*The Journal of Nervous and Mental Disease*).

DR. RALPH L. PARSONS.—Brochure on Points, Facts, Opinions and Experiences in Favor of the Reception of Voluntary Patients for Care and Treatment in Hospitals for the Insane and more Especially for Care and Treatment in Private Hospitals for the Insane. (*The Journal of Nervous and Mental Disease*, February, 1891).

DR. FREDERICK PETERSON.—A Case of Locomotor Ataxia Associated with Nuclear Cranial Nerve Palsies and with Muscular Nerve Palsies. (*The Journal of Nervous and Mental Disease*, July, 1890).

DR. MORTON PRINCE.—Association Neuroses: A Study of the Pathology of Hysterical Joint Affections, Neurasthenia and Allied Forms of Neuro-mimesis. (*The Journal of Nervous and Mental Disease*, p. 257, 1891).—The Position of Electricity as a Therapeutic Agent in Medicine. (*Boston Medical and Surgical Journal*, 1890, p. 313).

DR. JAMES J. PUTNAM.—Peripheral Nervous System; General Physiological Considerations; Neuralgia of the Stump; Peripheral Palsy of the Third Cranial Nerve; Trigeminal Neuralgia. (*International Clinics*, July, 1891).—Intra-cranial Lesions. A Discussion of the Question, What are the Present Means of Localizing Intra-cranial Lesions? (Vol. ii. of the Transactions of the New York Medical Association, 1890).—A Form of Poly-neuritis, Probably Analogous to or Identical with Beri-beri Occurring in Seafaring Men in Northern Latitudes. (*The Journal of Nervous and Mental Disease*, August, 1890).—A Group of Cases of System Scleroses of the Spinal Cord, Associated with Diffuse Collateral Degeneration; Occurring in Enfeebled Persons Past Middle Life, and Especially in Women; Studied with Particular Reference to Etiology. (*The Journal of Nervous and Mental Disease*, February, 1891).—Combined Scleroses. (*Medical Record*, July, 1890).—The Character of the Evidence as to the Injuriousness of Arsenic as a Domestic Poison. (*The Boston Medical and Surgical Journal*, June 25, 1891).—Personal Observations on the Pathology and Treatment of Neuralgias of the Fifth Pair. (*The Boston Medical and Surgical Journal*, August 13, 20, 1891).

DR. C. EUGENE RIGGS.—Melancholia: Clinically Considered Especially in its Relation to Lithæmia, Bright's Disease and Glycosuria. (*The Journal of Nervous and Mental Disease*, September, 1890).—The Articles on Vertigo, Tremor, Lead Paralysis, Nervous Disorders and Paralysis from Excessive use of Parts Affected, Cramp, Spasms of the Muscles. (*Hare's Practical Therapeutics*).—An American Edition of Edinger's Twelve Lectures on the Structure of the Central Nervous System.—Extreme Loss of Muscle Sense in a Phthisical Patient. (*The Journal of Nervous and Mental Disease*, 1891, xviii., p. 437).

DR. IRVING C. ROSSE.—Neuropathic States Involving the Question of Doubt. (*Virginia Medical Monthly*, July, 1890).—The Neuroses from a

Demographic Point of View. (The Journal of Nervous and Mental Disease, July, 1891).—Clinical Evidences of Borderland Insanity. (The Journal of Nervous and Mental Disease, October, 1890).

DR. B. SACHS.—Diseases of the Mid-brain Region, with Special Reference to Ophthalmoplegia. (American Journal of Medical Sciences, March, 1891).—Contribution to the Pathology of Infantile Cerebral Palsies. (New York Medical Journal, May 2, 1891).—Articles on Chorea and Cerebral Hæmorrhage, Thrombosis and Embolism. (Keating's Cyclopædia of Diseases of Children, vol. iv., 1891).—Multiple Cerebro-spinal Syphilis. (New York Medical Journal, September 19, 1891).—Lecture on Neurasthenia. (International Clinics, vol. i., 1891).

DR. E. C. SEGUIN.—Headache. (Keating's Cyclopædia of Diseases of Children, vol. iv.).—Traumatic Neuroses. (Sajous' Annual of the Universal Medical Sciences, vol. iii., 1891).—Early Diagnosis of Some Serious Diseases of the Nervous System: Its Importance and Feasibility. (Boston Medical and Surgical Journal, 1890, cxxiii., p. 605; 1891, cxxiv., p. 129, 177).

DR. JOHN C. SHAW.—Mysophobia. (International Clinics).—Essentials of Nervous Diseases and Insanity. (W. B. Saunders, publisher in press).

DR. WHARTON SINKLER.—Three Interesting Spinal Cases: 1. Ataxia with Progressive Muscular Atrophy. 2. Ataxia with Hemianæsthesia. 3. Hæmorrhage into the Cauda Equina. (Philadelphia Hospital Reports, vol. i., 1890).—Poliomyelitis Anterior. (Keating's Cyclopædia of Diseases of Children, vol. iv., 1890).—Recent Observations in the Etiology and Treatment of Migraine. (Jr. Asso. Am. Phys., 1890, v., p. 165. The Medical News, July 19, 1890).—A Case of Insular Sclerosis, in which an attack of Cerebral Hæmorrhage Arrested the Tremor on the Hemiplegic Side. (The Journal of Nervous and Mental Disease, August, 1890).

DR. E. C. SPITZKA.—Insanity. (Keating's Cyclopædia of Diseases of Children, vol. iv.).—Preliminary Report Concerning the Post-mortem Changes in the First Person Executed by Electricity. (Transl. from Med. Monatssch., N. Y., 1890, ii. Atlanta Med. and Surg. Jr., 1890-91, vii., p. 460).

DR. H. R. STEADMAN.—The Selection of Cases of Insanity for Different Methods of Private Care. (The American Journal of the Medical Sciences, April, 1891).

DR. M. A. STARR.—Familiar Forms of Nervous Diseases. (Wm. Wood & Co., 1890).—Cerebral Atrophies of Childhood, with Special Reference to Surgical Treatment. (The Journal of Nervous and Mental Disease).—Intracranial Tumors. (Keating's Cyclopædia of Diseases of Children, vol. iv.).—Fracture of the Spine; Compression of the Cauda Equina; Paralysis and Anæsthesia; Operation; Recovery. (International Clinics, July, 1891).

DR. J. MADISON TAYLOR.—Hints on Management of Mental Depression in Men. (University Medical Magazine, August, 1891).—Friedreich's Ataxia: A Clinical Lecture. (Medical and Surgical Reporter, August 2, 1891).

DR. HENRY S. UPSON.—On Gold Chloride as a Staining Agent for Nerve Tissues. (The Journal of Nervous and Mental Disease, October, 1890).—On Two Cases of Muscular Dystrophy. (New York Medical Journal, 1890, lii., p. 202).

DR. JOHN VAN BIBBER.—Peripheral Nervous Diseases. (Keating's Cyclopædia of Diseases of Children, vol. iv.).

DR. GEORGE L. WALTON.—The Methodical Examination of Patients with Diseases of the Nervous System. (International Clinics, July, 1891).—Fatal Case of Lead Poisoning in which Ataxia was the Principal Symptom, (Pseudo-Tabes). (Boston Medical and Surgical Journal, 1890, cxxiii, p. 411).—Contribution to the Study of the Traumatic Neuro-psychoses. (The Journal of Nervous and Mental Disease, July, 1890) Electricity for Rheumatism. (Boston Medical and Surgical Journal, Oct. 16, 1890.)

DR. S. G. WEBBER.—Cases of Hysteria Treated by Hypnotism. (*Journal of Nervous and Mental Disease*, September, 1890).

DR. BURT G. WILDER.—Macroscopic Vocabulary of the Brain, with Synonyms and References. Presented to the Association of American Anatomists, in connection with a paper, "Owen's Nomenclature of the Brain with Suggestions Based Thereon."

DR. HORATIO C. WOOD.—Therapeutics: Its Principles and Practice. Eighth Edition.—Remote Effects of Traumatisms as Seen by the Neurologist. (*International Clinics*, April, 1891).—Relation of Urea Elimination to Fever. (*The Journal of Nervous and Mental Disease*, January, 1890, with Dr. John Marshall).—Cardiac Nerve Storms. (*University Medical Magazine*, March, 1891).

DR. PHILIP ZENNER.—Treatment of Epilepsy. (*The Journal of Nervous and Mental Disease*, December, 1890).—Insomnia. (*Cincinnati Lancet-Clinic*, 1891, xxvi., p. 287).—Syphilis of the Spinal Cord. (*Cincinnati Lancet-Clinic*, 1891, xxvi., p. 619).

ACUTE SPINAL PARALYSIS—DEATH ON THE TWELFTH DAY—AUTOPSY SHOWING TRANSVERSE CERVICAL MYELITIS.

DR. WHARTON SINKLER, of Philadelphia, read a paper with the above title, and reported a case which was of interest, because, while having the clinical history both of acute polio-myelitis anterior and of Landry's paralysis, the post-mortem results showed a transverse myelitis involving only the cervical portion of the cord.

The patient was a male, eighteen years of age, with good family history. After exposure to cold, in a few days he complained of general weakness, had fever, some pain in the back, and cramp-like pains in the legs, some diarrhœa. Within four days there was loss of power in both legs, and partial paralysis in both upper extremities. There was temporary inability to void urine, and some difficulty in swallowing. The muscles of the trunk were also paralyzed; both knee-jerks absent; loss of most of the superficial reflexes. Sensation was unimpaired. No muscular pain or tenderness over the nerve-trunks. All muscles reacted to faradism. The patient gradually lost strength, and died of respiratory paralysis on the twelfth day.

From a study of the clinical features of the case the diagnosis lay between acute multiple neuritis, acute myelitis, Landry's paralysis, and polio-myelitis anterior. The author thought it probable that in the early stages of polio-myelitis there is a hyperæmia or inflammation of the cord in the affected areas, which is not confined to the anterior horns.

POLIO-MYELITIS ACUTA ADULTORUM.

DR. WILLIAM C. KRAUSS, of Buffalo, N. Y., read a paper with the above title. See page 704.

DR. CHARLES K. MILLS said that the association of polio-myelitis with multiple neuritis, a question which comes up in connection with the report of Dr. Krauss's case, was of not uncommon occurrence. One type of infantile paralysis was best explained on this view. In the course of several years he had seen a number of cases of this kind, cases in which association of sensory and motor symptoms were present in the early stages. These sensory phenomena were sometimes both anæsthesia and hyperæsthesia, either localized or general. Handling, squeezing, touching, or pressing the limbs sometimes caused much pain. The absence of sensory disturbances in a case reported by Dr. Krauss, would seem to preclude the idea of multiple neuritis in his case; yet it was in cases of paralysis following infectious diseases, like measles, that he had most often seen the association of multiple neuritis with polio-myelitis. This case, with others which have been reported and his own general experience, would seem to prove that after infectious diseases we might have (1) multiple neuritis; (2) multiple neuritis associated with polio-myelitis; (3) pure polio-myelitis. Not long since he had seen a child, four or five years of age, who about a year previously had had an attack of diphtheria; the fever continued for nearly three weeks, and the patient was hyperæsthetic almost everywhere. Her pain and hyperæsthesia disappeared in six or seven weeks, but it was twice that length of time before she could sit up alone. She was left with marked paralysis of the polio-myelitis type in the left lower extremity. Besides infectious diseases, various toxic agents like arsenic and lead were likely to produce this association of nerve and spinal disease. He had seen this occurrence practically exemplified in several cases of arsenical poisoning. He also believed that it occurred as the result of alcoholic abuse and syphilitic infection.

DR. R. T. EDES thought Dr. Mills's point a good one, but doubted if this concurrence is only confined to infectious diseases, but might also result from alcohol.

DR. KNAPP agreed with the preceding speaker. It was probable that lead affected sometimes the nerves primarily and chiefly, and sometimes the cord. The same was true of other toxic agents, among them alcohol. He cited one case, under observation for several years, which began as acute alcoholism; later an ordinary alcoholic neuritis developed, and finally the appearance of vesical symptoms indicated a probable involvement of the cord.

DR. WALTON spoke of a case of multiple neuritis from lead, with atrophy, ataxia, etc., who died after spinal symptoms and cystitis. Absolute differentiation between spinal and peripheral lesions, owing to their co-existence, is sometimes unnecessary.

DR. C. L. DANA disliked to have the impression go abroad that there is no definite lesion in these cases. In all cases of acute or subacute neuritis from alcohol, rheumatism, etc., the lesion was confined almost exclusively to the peripheral nerves. He has numerous specimens in his laboratory to substantiate this view in connection with the clinical histories. In cases of chronic neuritis he was not so positive.

DR. C. H. HUGHES believed that peripheral neuritis is a settled fact, and can generally be diagnosticated. He referred to our errors in earlier days, and was of the opinion that most cases of myelitis were due to exposure to cold, when not occasioned by traumatism. He agreed with Dr. Krauss in reference to the relation of measles to poliomyelitis. He believed all zymotic diseases frequently affected both the central and peripheral nervous systems.

DR. E. D. FISHER referred to Charcot's work on polyneuritis, and agreed with the previous speakers. He thought the combination more frequent than was supposed. He differed from Dr. Dana, but believed the changes in the cord may exist, but are not discoverable by our present means of examination.

ASTASIA-ABASIA.

DR. KNAPP read a paper on this subject. See page 673.

DR. G. M. HAMMOND thought that the way to show that the affection was not organic was that the patient could perform walking movements while recumbent. His case had not improved under various known methods of treatment. The only remedy he found of efficacy was bicycle riding, and his patient can now ride a bicycle. He considers the affection as one of the manifestations of hysteria.

DR. WALTON looked upon it as analogous to hysterical aphonia, etc. If not identical it is allied to it. He would not lay so much stress on the absence of stigmata of hysteria as Dr. Knapp. He had observed a case, and thought the prognosis no different from that of hysteria.

DR. DANA wished to corroborate Dr. Knapp's suspicion of his case being one of paralysis agitans. He had a patient with abasia who was a manifest case of paralysis

agitans. There was the peculiar gait and rigidity, and he was frequently obliged to stop suddenly while walking.

In paralysis agitans cases there is, however, no astasia. They are always able to stand.

DR. HUGHES said that older writers like Weir Mitchell and Charcot described these cases as hysteria. It has been left to modern neurology to show that hysteria may co-exist with organic disease. Blocq had found these cases in connection with the rheumatic condition. He thought hypnotism might prove of aid in diagnosis.

DR. BULLARD had a case of typical astasia-abasia without any other hysterical manifestations.

DR. KNAPP, in closing the discussion said, that although there was some muscular weakness, it was not commensurate with the difficulty in walking, and that all the movements of walking could be performed with good strength. Hence a condition of abasia was added to that of paralysis agitans.

THE PATHOLOGY OF HYSTERICAL ANÆSTHESIA, ILLUSTRATED BY TWO CASES SHOWING SOME UNUSUAL PHENOMENA.

DR. MORTON PRINCE, of Boston, read a paper on this subject. The peculiarity of these cases was, that notwithstanding the presence of deep anæsthesia it could be proved that the patient felt any impression given to the hand. Pinching and pricking the skin was not perceived, but when the subjects were hypnotized they could accurately describe the tests which had been applied to the anæsthetic parts, and of which they had not been conscious. This showed that the impression was felt but not perceived. The most probable explanation was that the middle sensory centres (of Hughlings Jackson) were normal, but that in hysterical anæsthesia there is an inhibition of the highest sensory centres where the impressions are co-ordinated with the other psychical states constituting consciousness.

DR. HENRY H. DONALDSON presented, as a candidate for membership, a paper entitled

ON THE THICKNESS AND STRUCTURE OF THE CEREBRAL CORTEX OF THE BLIND DEAF-MUTE, LAURA DEWEY BRIDGMAN.

In each cerebral hemisphere of nine normal persons (six males, three females) the thickness of the cortex was determined at fourteen localities. With these normals the

cortex of the Bridgman brain was compared. It appears that at every point the Bridgman cortex is thinner than that of normals. At certain localities the abundance and size of the nerve cells in the cortex was also studied. The results of the investigation may be summarized under three heads:

I. General.

1. The figures for the average thickness of the normal cortex, as determined by various investigators, are discordant, therefore no general statement of this average thickness can be made. My own results most closely agree with those of Jensen.

2. Persons with an acquired defect of the encephalon (various forms of mental disease etc.) have a thinner cortex than normal persons.

3. Females have a slightly thinner cortex than males. Difference about one per cent.

4. The cortex of the right hemisphere is from two to four per cent. thinner than that of the left.

II. Special.

The comparison of the Bridgman cortex with the normal.

1. The cortex of Laura Bridgman was abnormally thin.

2. The cortex of the right hemisphere was decidedly thinner than that of the left. Specially associated in this case with the defective development of the visual area on the right side.

3. The thinning in the motor areas was not so well marked as in the areas for the special senses.

4. Compared with the rest of the cortex, that for motor speech was not thin.

5. The cortex in dorso-caudal portion of the area for dermal sensations (gyrus fornicatus) was well developed.

6. Cortex of the auditory areas on both sides and the visual area on the right side, are all very thin. Visual area on the left side was not thin. This condition is associated with the persistence of some vision in the right eye for six years after vision was completely lost in the left.

7. In the area for taste and smell the cortex is thin. This is associated with the generally undeveloped state of the temporal lobe rather than with the deficiency, which was by no means complete, in the senses there represented.

III. Histological.

1. The cortex of Laura Bridgman contained at all points an abnormally small number of large nerve cells, *i. e.*, cells 12 μ or more in transverse basal diameter.

2. There were fewer nerve cells in the cortex of the right than in that of the left hemisphere.

3. The relative deficiency of nerve cells is not so well marked in the motor as in the sensory areas.

4. In the centre for motor speech the number of nerve cells is abnormally small.

5. The number of nerve cells is very small in the auditory area on both sides and in the visual area on the right side.

6. There is some diminution in the number of cells in the areas for taste and smell.

7. The smallest number of cells is associated with the smallest size of the largest cells.

The persistence of vision, though in a very defective form, is still of great importance to the full development of the visual cortex as shown by the influence of the remnant of vision in the right eye or the development of the left visual area.

MUSCULAR ATROPHY FOLLOWING TRAUMATIC ARTHRITIS.

There is still much obscurity on the cause of this atrophy. Some authors think it due to local alteration in the muscles, while Brown-Séquard and Charcot regard the diseased joint as having a reflex action upon the trophic centres of the spinal cord, the dynamic alteration of the ganglion cells leading to an atrophy of the corresponding muscles. Raymond has undertaken a series of experiments in order to settle this question. He injected nitrate of silver into the knee-joints of rabbits, producing a purulent inflammation of the joint, with consecutive transient functional paralysis of the entire limb. The cutaneous and patellar reflexes were augmented, faradic excitability of the muscles was increased and atrophy more or less precocious, but always observable, was present. In three weeks the atrophic muscles had lost fifteen per cent. of their weight. Examination revealed but slight visible changes. The writer considers the condition as one of interfibrillary atrophy. If, in the animals experimented on, the posterior roots of the sacral nerves were severed, then, in spite of the presence of inflammation of the joint, there was no secondary atrophy. If cut on one side, atrophy appeared on that side. Hence, the writer thinks himself justified in concluding that this form of atrophy is due to a reflex influence of the trophic centres in the cord.—(*Gazzetta degli Ospitali*, No. 23, '91.) F. H. P.